HEALTHY FAMILIES MEDI-CAL FOR CHILDREN

Information Update

NUMBER 8 JULY 2000

Fair Play Benefits the Applicants and the Community

The California Department of Health Services (DHS) would like to remind EEs and CAAs who provide outreach and enrollment assistance that the goal of the program is to secure healthcare benefits for uninsured, eligible children. Acting on behalf of the State, your personal goal should be to provide fair, complete, and competent service to enroll eligible children. It is important to remember the following guidelines.

- Contract EEs, active enrollment entities, their subcontractors, and community coalitions/collaboratives are prohibited from promoting or showing any preference for a specific provider or health plan. Discrimination against a potentially eligible family on the basis of the family's choice of providers, health, dental, or vision plans is a violation of the program regulations, however, providing factual information comparing providers and plans is encouraged to assist the applicant in making an educated choice.
- EEs and CAAs should also never charge an applicant for services rendered, and must never handle money or premium payments from an applicant.
- CAAs who take an extra step to provide application assistance at a family's home should note that due to state liability it is prohibited to offer to transport an applicant to your site or elsewhere.

Following these guidelines will achieve the goal to help screen families for eligibility and complete the application properly while ensuring that applicants obtain the benefit of developing a preventive care relationship with the doctor of their choice. Failure to follow these guidelines, as outlined on the Entity and RHA Agreement may result in the disenrollment of your organization's authorized participation in the program. DHS or an authorized appointee will review complaints and may provide a thirty-day written notice of termination.

Annual Eligibility Review

Healthy Families creates a customized Annual Eligibility Review (AER) packet for each family. This AER packet contains case information that is necessary to process the AER timely and accurately. Included in the AER packet is a section that must be completed by the Certified Application Assistant (CAA) or Enrollment Entity (EE) for application assistance reimbursement. This section clearly states that reimbursement will not be issued to the entity unless this section is completely and correctly filled out at the time the packet is submitted even when the family is redetermined eligible for another year. The AER packet also contains an "Add a Child" form to add a child that is not currently receiving Healthy Families coverage. A child may be added at any time to an eligible case for Healthy Families or Medi-Cal.

- REMINDER: Because the AER packets are customized, EEs and CAAs are not to photocopy these packets. Families may not receive their AER packet due to an address change that needs updating. If the family did not receive their customized AER Packet, the family must call the Healthy Families AER line at 1-888-439-4741 to request another copy of their customized AER packet.

IMPORTANT DISTRIBUTION INFORMATION FOR LINKED CAA STAFF

This bulletin is provided only to enrollment entities. You are responsible for sharing this bulletin with your linked CAA staff. This information is needed to correctly complete applications and reduce your payment denials.

RHA'S CAA HELP Line
1-888-237-6248

Monday - Friday 7:45 a.m. to 6:30 p.m.

Technical assistance for **CAAs** and **EEs** with family composition and income calculations; request an ITP and/or training; order enrollment, marketing, and training material; or provide change of address information.

Healthy Families Information Line
1-800-880-5305

Monday - Friday 8:00 a.m. to 8:00 p.m.

Technical assistance for **applicants** who need general information about the HF program; answers to specific income and documentation questions when completing the application themselves; status information on their own completed and submitted application.

EEs may no longer use this line to check the status of an application on behalf of an applicant unless the applicant is present at the time the call is made.

HF/MCC General Information
1-888-747-1222

Monday - Friday 8:00 a.m. to 8:00 p.m.

Operators will provide assistance to **anyone** requesting *general* information for both Healthy Families and Medi-Cal for Children, and referral information to local EEs by county. Families requesting up to four applications and handbooks may call this line to order.

EE Reimbursement and Information
1-888-747-1222
and press the star (*) key

Monday – Friday 8:00 a.m. to 5:00 p.m.

This line is for **EEs ONLY** who want to obtain information about the reimbursement process or to inquire about the status of their reimbursement. EEs will need to provide their EE number and CAA number for the person who provided the application assistance.

CA Kids *NEW* Phone Number
1-818-461-1400

Please note: CA Kids has changed their phone number.

Correction to Federal Funding Opportunities Link

In the previous Update, there was an error in the web-site address to locate grant information regarding new federal funding opportunities through the U.S. Department of Health and Human Services.

For grant information relating to topics such as Community Access Programs, Family Violence Prevention Services, or Substance Abuse Funds to treat minority communities affected by HIV/AIDS, visit www.hhs.gov/progorg/grantsnet.

Healthy Families Discontinues Credit Balance Notices

The Healthy Families administrator will no longer issue payment statements if a family has a credit balance or "-0-" amount due. A statement will only be sent if a premium payment is due.

A credit balance may occur when a family pays three months at one time for their health coverage, and receives the fourth month free, or prepays for nine months and receives three months free.

If an applicant has called and questioned why they have not received an invoice, and fear their children's health coverage has been cancelled, remind them about this policy.

Payment Tracking Just Got Simpler

EDS is in the process of modifying the Application Assistant Payment Remittance Advice Invoice numbering system to make payments easier to track. Currently, the Remittance Advice Invoice numbers contain the case number, the CAA number, and the first six letters of the applicant's last name in order to assist entities with reconciling their records. Effective September 1, 2000, EDS will replace the applicant's last name with a unique application tracking number. This number is printed on the latest version of the application, and is located in the lower left-hand corner of page A1.

Please keep this number for your records, as it will assist you with tracking your application payment activity. This number will be on your Remittance Advice as well as your Monthly Payment Report.

If you have not placed an order for numbered applications before September and continue to provide application assistance using unnumbered applications, the format of the Monthly Payment Report sent to you will not change.

---- PLEASE NOTE ----

This number is unique to each application. EDS will not capture or report photocopied applications. Please *DO NOT* photocopy applications. To order applications, contact the CAA HELP Line toll-free at 1-888-237-6248.

New HF Contracted Providers Identified

New health plans will be effective July 1, 2000. Healthy Families Handbooks dated June 2000 will have the most up-to-date information. You may order copies of the new handbook through RHA's Certified Assistant HELP Line at 1-888-237-6248. Once you receive your order, destroy or recycle the old handbooks.

Requesting a Healthy Families Review in One Easy Step

Do applicants come to you for help when they think Healthy Families made a decision incorrectly? Applicants may request that Healthy Families review a decision that they feel was made incorrectly. These requests must be submitted in writing within 60-days of the date the decision was made at Healthy Families.

To make this process as easy as possible, HFP has created a new form that will be included with the letter applicants receive if their children are determined to be ineligible for Healthy Families, or are disenrolled. By completing the Healthy Families Review form, in one easy step, applicants will be able to explain to Healthy Families staff the decision they think was made incorrectly and the action Healthy Families should take. CAAs may provide applicants with assistance in completing the Review form, but the applicant must sign the request. Healthy Families will contact the applicant with the result of the review.

Please encourage applicants to use this form since it provides them with a fast and easy way to send Healthy Families the information necessary to review their request. A copy of this form is included in this bulletin. Additional copies of the form can be downloaded from the Healthy Families website at www.healthyfamilies.ca.gov.

American Indian or Alaskan Native Special Discount

Monthly premiums and co-payments will no longer be necessary when the Healthy Families Program receives acceptable proof of American Indian or Alaskan Native heritage. Acceptable proof can either be for the applicant or the Healthy Families eligible child.

Acceptable types of proof are:

- American Indian or Alaskan Native enrollment document from a federally recognized tribe, or
- A Certificate Degree of Indian Blood (CDIB) from the Bureau of Indian Affairs, or
- A letter of Indian Heritage from an Indian Health Service supported facility operating in the State of California.

Sponsorship is Here!

The Healthy Families Program is implementing Family Contribution Sponsorship. Introduced as an outreach tool to reach the families of uninsured children who may qualify for the Healthy Families Program, an eligible person or entity is now able to sponsor a family by paying their subscriber contribution for a full 12 months.

Families can only be sponsored during the original enrollment and only for one 12-month period.

A Family Contribution Registration form must be completed and submitted to the Healthy Families Program. A separate Sponsorship Payment form will be generated to each individual or entity registered as a sponsor with their name and I.D. number pre-printed on it. This pre-printed form must be submitted with a family's initial application in addition to the family contribution (premium) for a full twelve months.

For more information about Family Contribution Sponsorship, visit the Healthy Families website at www.healthyfamilies.ca.gov or contact RHA's Certified Assistant HELP line at 1-888-237-6248.

Orthodontia Benefits

If a Healthy Families Program (HFP) child meets the eligibility requirements for medically necessary orthodontia, services will be covered by the California Children Services (CCS). HFP children who may be eligible for CCS Services will be referred to the county CCS program by their dentist.

Due to the limited orthodontia benefits of the CCS program, not all children who are referred will be approved. Although a child may need orthodontic services, the child may not meet the strict CCS guidelines.

Add New Children Form

Adding additional children to an existing Healthy Families case? The best way of doing this is by filling out the ADD NEW CHILDREN form **not** a new Healthy Families/Medi-Cal application. The Add New Children form is short and quick to fill out. By using this form, children will be added to the existing case and families can avoid receiving two separate billing statements. All children in the household will be enrolled in the same health, dental and vision plans. The monthly premium will be properly calculated using the Add New Children form. You may download the form from www.healthyfamilies.ca.gov

The Add New Children form can be used at anytime during the year, not only during Annual Eligibility Review (AER), to enroll additional children in the household. The applicant from the original case (check the name on the billing statement for this information) must sign the form and return it to Healthy Families along with the proper documents. Documentation that must be mailed in with the form includes copies of recent income documents, deduction documents, and birth certificate or immigration documents. Copies of birth certificates can be submitted at the time of application or within 60 days of en-rollment. Copies of immigration documents can be submitted at the time of application or within 30 days of enrollment. If a child is added to a case then the most recent enrollment date becomes the new AER date for the entire family.

So remember, please don't use the Healthy Families/Medi-Cal application to enroll children to an existing Healthy Families case. Instead use the Add New Children form and mail to:

Healthy Families
P.O. Box 138005
Sacramento, CA 95813-8005

HF/MCC Buttons Help Authenticate Your Program Participation

In the 1998-1999 program year, the state produced Healthy Families and Medi-Cal for Children program buttons to be used at public relations events. Small quantities of these buttons are still available for use by CAAs as a way to identify themselves as application assistants during community outreach or school enrollment events, and to encourage people to ask for more information about Healthy Families or Medi-Cal benefits for their eligible children.

Buttons, available in 10 languages, may be ordered in small quantities by calling the Certified Assistant HELP Line at 1-888-237-6248. Quantities are limited and delivery is not guaranteed, so order yours today!

New and Existing Marketing Materials Available

Due to increasing community participation in the program, DHS has made outreach easier by producing customizable marketing collateral that can be adapted to increase your business's foot traffic and referrals.

4"x9" panel cards, with Healthy Families information on one side and Medi-Cal for Children information on the other, are available in 11 languages in packs of 200. An 8.5"x11" English and Spanish customizable flyer provides space for you to insert the name and telephone number of your organization, and "Ask Here" decals identify your business as a site where applicants can receive additional program information.

Tear Off Display Units may be used in high-traffic areas, and provide program information in English and Spanish. Limited quantities of mini-posters (English and Spanish are out of stock) in 8.5"x11" format also encourage questions.

To order, or for more information, call RHA's CAA HELP line at 1-888-237-6248.

Training Opportunities

The Department of Health Services has provided Information Updates, revised certification training and training materials, and ensured that all outreach and education telephone operators have the most appropriate tools to provide you with reliable responses to applicant questions. To encourage statewide continuity, RHA has been authorized to hold "refresher" trainings for A-level CAAs. These half-day regional sessions will greatly enhance the skills of A-level CAAs. B-level CAAs are encouraged to enhance their skills by attending a full-day state-sponsored A-level session that will begin this summer. The current proposal for the half-day course will:

- Provide answers to the most common mistakes EDS receives on an application.
- Bring all CAAs "up to date" on the most recent version of the application and the Refence Manual.
- Provide a basic overview of the procedures associated with B-Level training.

The schedule for refresher training has not yet been developed, but to pre-register you may contact the CAA Help Line toll-free at 1-888-237-6248. You will be notified when a training has been scheduled for the location nearest you.

Healthy Families Information Line

Due to the increasing number of families applying for and enrolling in the Healthy Families Program, the volume of telephone calls received at the toll-free Healthy Families Information line (1-800-880-5305) have dramatically increased. To ensure that this line continues to be available to applicants and subscribers, it is important that it be used only for the purposes for which it was intended.

The HFP line is intended to be used by applicants and subscribers *only* to receive general information about HFP, ask specific questions about the HFP and Medi-Cal for Children programs application, check the status of their application and to report changes to their HFP case (e.g. address changes, etc.). This line is not intended for CAAs to verify the status of applications or to verify payment status.

Confidentiality laws prohibit HFP operators from releasing application information to persons other than the applicant and/or their spouse who lives in the home and is listed on the application. The only exception is when the applicant is in the office of the CAA and the CAA is calling on behalf of the applicant (e.g. three-way call). These types of calls are treated as if the applicant is allowing the CAA to receive information about their application. HFP does not accept authorized representative letters or forms.

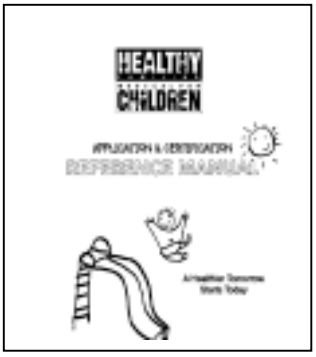
Before initiating a "three-way call", CAAs should be aware that applicants are sent written notification from HFP about the final disposition of all applications (i.e. approved, denied, incomplete, or forwarded to the County Medi-Cal Program). Many applicants do not inform their CAA that they have received correspondence regarding the status of their application from HFP. CAAs should request to review any correspondence from HFP before attempting to contact HFP. Please note, HFP operators cannot change the eligibility determination of an application.

Information Updates by E-Mail

RHA has been developing an e-mail address book of all active EEs and linked CAAs who have access to the Internet. If you and your linked CAAs have separate e-mail accounts and you wish to receive business correspondence like this Information Update quickly and directly, please forward your e-mail address to the Customer Service Coordinator at RHA: julie@rhainc.com.

Information Updates are still available by mail for those who don't have access to the Internet. Changes of address should be called in to the Certified Assistant HELP Line at 1-888-237-6248.

Revised Reference Manual Mailed



RHA mailed one copy of the revised Reference Manual, dated 2/11/00, in May to all "active" EEs. Due to limited production, linked CAAs should call their EE contact to receive a photocopy for their use.

A-level CAAs must review the revised Reference Manual before they may request to attend "refresher trainings". This will ensure that information discussed during the training is applicable to the most current enrollment materials and practices.

New Federal Income Guidelines for Healthy Families and Medi-Cal for Children effective April 1

Family Size	Child age 0 to 1 or Pregnant Women Medi-Cal	Child Age 0 to 1 Healthy Families	Child age 1 thru 5 Medi-Cal	Child Age 1 thru 5 Healthy Families	Child age 6 thru 18 Medi-Cal	Child age 6 thru 18 Healthy Families
1	$0 - $1,392	$1,393 - $1,740	$0 - $926	$927 - $1,740	$0 - $696	$697 - $1,740
2	$0 - $1,875	$1,876 - $2,344	$0 - $1,247	$1,248 - $2,344	$0 - $938	$939 - $2,344
3	$0 - $2,359	$2,360 - $2,948	$0 - $1,569	$1,570 - $2,948	$0 - $1,180	$1,181 - $2,948
4	$0 - $2,842	$2,843 - $3,553	$0 - $1,890	$1,891 - $3,553	$0 - $1,421	$1,422 - $3,553
5	$0 - $3,325	$3,326 - $4,157	$0 - $2,212	$2,213 - $4,157	$0 - $1,663	$1,664 - $4,157
6	$0 - $3,809	$3,810 - $4,761	$0 - $2,533	$2,534 - $4,761	$0 - $1,905	$1,906 - $4,761
7	$0 - $4,292	$4,293 - $5,365	$0 - $2,854	$2,855 - $5,365	$0 - $2,146	$2,147 - $5,365
8	$0 - $4,775	$4,776 - $5,969	$0 - $3,176	$3,177 - $5,969	$0 - $2,388	$2,389 - $5,969
9	$0 - $5,259	$5,260 - $6,573	$0 - $3,497	$3,498 - $6,573	$0 - $2,630	$2,631 - $6,573
10	$0 - $5,742	$5,743 - $7,178	$0 - $3,819	$3,820 - $7,178	$0 - $2871	$2,872 - $7,178
Add the following dollar amount for each additional family member:						
[redacted]	$484	$605	$322	$605	$242	$605

New Monthly Premium Effective April 1, 2000

Family Size	**Category A** Monthly Income	**Category B** Monthly Income
1	$697 - $1,046	$1,046.01 - $1,740
2	$939 - $1,409	$1,409.01 - $2,344
3	$1,181 - $1,772	$1,772.01 - $2,948
4	$1,422 - $2,133	$2,133.01 - $3,553
5	$1,664 - $2,496	$2,496.01 - $4,157
6	$1,906 - $2,859	$2,859.01 - $4,761
7	$2,147 - $3,221	$3,221.01 - $5,365
8	$2,389 $3,584	$3,584.01 - $5,969
9	$2,631 - $3,947	$3,947.01 - $6,573
10	$2,872 - $4,308	$4,308.01 - $7,178
[redacted]	For more than 10 persons, add amount below for each additional child:	
	$242 - $363	$364 - $605

Healthy Families Program
Review Form

Applicant Information:

Family Member Number:

Name	First:	Last:	
Phone Number	Day Hours: ( ) -	Evening Hours : ( ) -	
Mailing Address	Street:		Apt. No.
	City:	State:	Zip Code:

Child(ren)'s Information:

Child's Name	First:	Last:	Date of Birth: / /	S.S.N. (optional): - -
Child's Name	First:	Last:	Date of Birth: / /	S.S.N. (optional): - -
Child's Name	First:	Last:	Date of Birth: / /	S.S.N. (optional): - -
Child's Name	First:	Last:	Date of Birth: / /	S.S.N. (optional): - -
Child's Name	First:	Last:	Date of Birth: / /	S.S.N. (optional): - -
Child's Name	First:	Last:	Date of Birth: / /	S.S.N. (optional): - -

Reason(s) for Review **(You must respond to numbers 1 through 4; number 5 is optional. Please attach a separate piece of paper if you need more space to write.):**

1) Please tell us the decision you would like us to review. (Or, you may include a copy of the letter you received from the Healthy Families Program that indicates the decision you want reviewed.)

2) Please tell us why you disagree with our decision. (You may check one or more boxes below, or explain in writing.)

☐ Disagree with income calculations ☐ Did submit birth certificate(s) ☐ Child is not on no-cost Medi-Cal
☐ Disagree that a payment was not made ☐ Did submit immigration document(s)
☐ Other (explain in writing):

3A) Do you think our decision violated a law, rule, regulation, or program policy that is printed in the Healthy Families Program application, handbook, or other program materials? ☐ yes ☐ no

3B) If "yes," which one?

4) Please tell us what action you would like us to take.

5) Please tell us if there is any other information you think would help us in reviewing our decision. (You may attach supporting documentation.)

Applicant's Signature:	**Date:**

☐ **Please check if documentation is attached.**
Please write your Family Member Number on each document.

Please mail or fax this form to:

Healthy Families Program
Attn: Program Review
P.O. Box 138005
Sacramento, CA 95813-8005
Fax: (916) 859-2359

Household Information Instructions

Who counts as a family member living in the home with the child?

Adults:

- Natural or adoptive parents of the child to receive benefits
- A minor living on his or her own

Children:

- Unborn child
- All children under age 21 living in the home
- All children under age 21 away at school and claimed as tax dependents

What Income counts?

- Earnings from a job
- Self-employment net profits
- Child support
- Alimony/Spousal Support
- Pension and retirement benefits
- Government benefits such as Social Security, Retirement Survivor Disability Insurance (RSDI), Veterans, Disability, Workers' Compensation, Unemployment, etc.
- Other income such as: grants for living expenses, settlement benefits, net profit from rentals, gifts, lottery/bingo winnings, interest income

What income does NOT count?

- **Earnings from a job of a child under age 14 or a child who attends school**
- Supplementary Security Income/State Supplementary Program (SSI/SSP) Payments
- Foster Care Payments
- CalWORKS payments (replaces AFDC)
- General Relief
- Certain other government benefits
- Grants or scholarships
- Loans
- College Work Study

Acceptable Income Documents:

- Copy of the most recent paystub. If a paystub is not available, get a signed statement from your employer. Gross monthly income and the dates received should be on the statement.
- Copy of last year's federal income tax return.

Other proof of income you may send:

- If a person is self-employed, send last year's federal income tax return (including the Schedule C) or the last 3 month's profit and loss statements.
- If a person has income such as disability or retirement, send copies of award letters or bank statements showing the direct deposits.
- If anyone gets child support and/or alimony or spousal support, send copies of the checks received or statements from the District Attorney's Family Support Division, for the last month.
- A Medi-Cal "Share-of-Cost-Notice of Action" received in the last 30 days which shows the child has share-of-cost may be used if it lists your income.

Deductions

The income deductions help us determine what amounts we may use to lower your family's income. If anyone receives child support and/or alimony or spousal support, send copies of the checks received or statements from the District Attorney's Family Support Division for the last month. Also, send copies of receipts or cancelled checks for child or dependant care expenses paid during the last month.

What is Medi-Cal?

Medi-Cal offers no-cost comprehensive health, dental and vision services to children. If your family income is below the Healthy Families guidelines, your child(ren) may be eligible for no-cost Medi-Cal. If you authorize us, we will forward your information to Medi-Cal if your children do not qualify for Healthy Families.

Medi-Cal Privacy Notice

Federal and State Law requires us to provide the following information: Welfare and Institutions Code §14011. Requires Medi-Cal applicants to provide the information requested in this application. It may be shared with federal, state and local agencies for purposes of verifying eligibility, and for verification of the immigration status of those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.) It will also be used to process Medi-Cal claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of te application. Information required by this form is mandatory. Social Security numbers are required by §1144(a)(1) of the Social Security Act unless applying for emergency or pregnancy benefits only.

If you have any questions or would like the location of a Certified Application Assistant in your area, call 1-800-880-5305, Monday - Friday, 8:00 A.M. - 8:00 P.M.
A Certified Application Assistant will help you with these forms at no cost.

ADD NEW CHILDREN FORM

APPLICANT NAME	PHONE NUMBER

FAMILY MEMBER NUMBER											

Please fill out all information for the child(ren) you would like to add to Healthy Families. To add more than 4 children, make a photocopy of this form if necessary. If a pregnant woman is within 90 days of the estimated date of delivery, she may pre-enroll the unborn child in the Healthy Families Program. Healthy Families insurance coverage will become effective 13 days after documentation of birth is received. This information must be received within 30 days of birth.

	Child 1 (or unborn)	Child 2	Child 3	Child 4
Name: Last				
First				
Middle				
Birthname: Last *(if different from above)*				
First				
Middle				
If the child's address is NOT the same as the Applicant, give address	Street City ZIP	Street City ZIP	Street City ZIP	Street City ZIP
Relationship to Applicant:				
Sex:	❑ **Male** ❑ **Female**	❑ **Male** ❑ **Female**	❑ **Male** ❑ **Female**	❑ **Male** ❑ **Female**
Date of Birth (or estimated date of delivery)	/ / MO DAY YEAR	/ / MO DAY YEAR	/ / MO DAY YEAR	/ / MO DAY YEAR
Place of Birth: **California County, State or Country**				
Ethnicity Code				

1	White	**2**	Hispanic	**3**	Black/African American	**4**	Asian
5a	American Indian	**5b**	Alaskan Native	**7**	Filipino	**A**	Amerasian
C	Chinese	**H**	Cambodian	**J**	Japanese	**M**	Samoan
N	Asian Indian	**P**	Hawaiian	**R**	Guamanian	**T**	Laotian
V	Vietnamese	**K**	Korean	**Z**	Other		

U.S. Citizen or National? If no, please write date of entry into U.S.	❑ **Yes** ❑ **No** / / MO DAY YEAR	❑ **Yes** ❑ **No** / / MO DAY YEAR	❑ **Yes** ❑ **No** / / MO DAY YEAR	❑ **Yes** ❑ **No** / / MO DAY YEAR
Social Security # *(optional)*	- -	- -	- -	- -
Mother's Name: Last				
First				
Does the Mother live in the home?	❑ **Yes** ❑ **No**	❑ **Yes** ❑ **No**	❑ **Yes** ❑ **No**	❑ **Yes** ❑ **No**
Father's Name: Last				
First				

CONTINUED	Child 1 (or unborn)	Child 2	Child 3	Child 4
Does the father live in the home?	❑ **Yes** ❑ **No**	❑ **Yes** ❑ **No**	❑ **Yes** ❑ **No**	❑ **Yes** ❑ **No**
Does this child have no cost Medi-Cal? If yes, give date coverage will end.	❑ **Yes** ❑ **No** / / MO DAY YEAR	❑ **Yes** ❑ **No** / / MO DAY YEAR	❑ **Yes** ❑ **No** / / MO DAY YEAR	❑ **Yes** ❑ **No** / / MO DAY YEAR
Was the child insured by an employer in the last 90 days? If yes, check the main reason why insurance stopped and give the date it stopped.	❑ **Yes** ❑ **No** ❑ Lost Job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other ________ ________ / / MO DAY YEAR	❑ **Yes** ❑ **No** ❑ Lost Job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other ________ ________ / / MO DAY YEAR	❑ **Yes** ❑ **No** ❑ Lost Job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other ________ ________ / / MO DAY YEAR	❑ **Yes** ❑ **No** ❑ Lost Job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other ________ ________ / / MO DAY YEAR
Monthly countable income of the child	$ From where?	$ From where?	$ From where?	$ From where?
Monthly countable income of the applicant and the other adult in the household (including frequency of payment) and from where the income is received. For example: Applicant $500.00 per week From where? Job Relationship to children: Father			Applicant $________ From where? Relationship to children:	Other Adult $________ From where? Relationship to children:
Monthly income deductions	Child care expenses: $	Dependent care expenses: $	Monthly court ordered payment of child support or alimony: $	

- *See the Household Information Instructions for a list of what income counts and acceptable income and deduction documentation.*
- *You must include a birth certificate for each child (within 60 days of enrollment) and documentation of birth for a newborn (within 30 days of birth) or;*
- *An immigration status document for each child (within 30 days of enrollment)*

I, the applicant, certify that the information provided is true and correct. I understand that adding additional family members may result in a higher monthly premium.

Applicant Signature X______________________________ **Date:**________________

Authorization to Forward to Medi-Cal

If my child is ineligible for Healthy Families, I request that this form be forwarded to the county and treated as a Medi-Cal application. I declare under penalty of perjury that the information on this form is true and correct to the best of my knowledge and belief. Please provide Social Security numbers of children applying for full scope Medi-Cal benefits.

Applicant Signature X______________________________ **Date:**________________

Please mail to: Healthy Families
P.O. Box 138005
Sacramento, CA 95813-9984

Family Contribution Sponsorship

Family Contribution Sponsorship is being introduced as an outreach tool to reach the families of uninsured children who may qualify for the Healthy Families Program (HFP).

What is a Family Contribution Sponsor?

A person or entity who is registered with the Healthy Families Program who pays the family contribution in advance on behalf of an applicant for the applicant's first twelve (12) months in the program.

How Do You Request to be a Sponsor?

Download a copy of the Family Contribution Sponsor Registration (HFP-Sponsor1, new 7/00) form from the Healthy Families Program web site at www.healthyfamilies.ca.gov or you may call 1-800-880-5305 to request the form. Please ***do not*** call this number to ask whether you or your organization are eligible to be a family contribution sponsor. You must make this determination for yourself or your organization following the rules in this fact sheet; the operators are unable to respond to these inquiries. If you are not sure about your organization's eligibility to be a sponsor, consult your own attorney regarding your status. **The Family Contribution Sponsor Registration (HFP-Sponsor1, new 7/00) form must first be completed and submitted to:**

Healthy Families Program
ATTN: Sponsorship Registration
P. O. Box 138005
Sacramento, California 95813-8005

You may also fax the completed form to Sponsorship Registration at (916) 859-2359. The Healthy Families Program will issue an I.D. number to each registered individual or entity and provide you with the Sponsorship Payment (HFP-Sponsor2, new 7/00) form. **You may not sponsor a family unless you are registered and have an I.D. number.**

How Do You Sponsor a Family?

The Sponsor's payment for a full 12 months and the Sponsorship Payment (HFP-Sponsor2, new 7/00) form must be submitted with a family's initial application. The 12 month payment is the monthly family contribution multiplied by 12. Discounts for payments in advance (pay three get one free) do not apply to Sponsors. A family can only be sponsored during the original enrollment and for only one 12-month period. If a sponsored subscriber moves to a different county or transfers between health plans, there will be no adjustments to the family contribution amount.

Who Cannot be a Family Contribution Sponsor?

1. A person who is a health, dental or vision care provider that participates in the Healthy Families Program or an organization composed primarily of or controlled by such persons.
2. An entity, including governmental, school, non-profit and charitable organizations, that is, or that operates, an institution or facility that is a health, dental or vision care provider that participates in the Healthy Families Program.
3. A health, dental or vision plan that participates in the Healthy Families Program.
4. Any person or entity acting on behalf of or representing a person or entity identified in 1, 2, or 3 above.

What Must a Family Contribution Sponsor Certify?

Any eligible person or entity seeking to be a Family Contribution Sponsor must certify the following on the Family Contribution Sponsor Registration (HFP-Sponsor1, new 7/00) form:

1. They are not ineligible to be a Family Contribution Sponsor, and
2. They acknowledge that the MRMIB has taken no position as to whether payment of premiums as a Family Contribution Sponsor by any person or entity would be in violation of federal fraud and abuse laws.
3. They will allow each applicant sponsored to make their own choice of participating plans in their county of residence as identified by the Healthy Families Handbook.

Note: The MRMIB rules on who is eligible to be a Family Contribution Sponsor were designed to exclude most people or groups that might violate federal anti-kickback or other fraud and abuse laws by paying family contributions. We advise anyone who receives any federal health care funds through any program and anyone with any other legal questions about sponsorship to consult with their attorney before becoming a sponsor.

HFP AND MRMIB CANNOT PROVIDE LEGAL ADVICE ON FEDERAL FRAUD AND ABUSE LAWS.

Healthy Families Use Only

ID #: _____

HEALTHY FAMILIES PROGRAM
FAMILY CONTRIBUTION SPONSOR REGISTRATION

Please print in blue or black ink only.

Name of Sponsoring Person or Entity: _____

Sponsor's Address: _____
(Number and Street Name)

_____
(City, State, Zip Code)

Sponsor's Telephone #: _____

Sponsor's Fax #: _____

Is this sponsor interested in being contacted by individuals and/or Certified Application Assistants who are looking for a sponsor? Yes ☐ No ☐

If the Healthy Families Program puts information about sponsors on its web site, is it acceptable to list this sponsor? Yes ☐ No ☐

If the sponsor is an organization, provide name, title and telephone number of authorized representative

Authorized Representative: _____
(Name)

_____
(Title)

_____
(Telephone Number)

The following persons or entities are not eligible to be a Family Contribution Sponsor:

1. A person that is a health care provider that participates in the Healthy Families Program or an organization composed primarily of or controlled by such persons.
2. An entity, including governmental, school, non-profit and charitable organizations, that is, or that operates, and institution or facility that is a health care provider that participates in the Healthy Families Program.
3. A participating plan.
4. Any person or entity acting on behalf of or representing a person or entity listed above.

The undersigned certifies that the sponsoring person or entity:

- is eligible to be a family contribution sponsor.
- acknowledge(s) that the Managed Risk Medical Insurance Board has taken no position to whether payment of premiums as a family contribution sponsor by any person or entity would be in violation of federal fraud and abuse laws.
- will allow each applicant sponsored to make their own choice of participating plans in their county of residence as identified by the Healthy Families Handbook.

Signature: _____ Date: _____
(Print)

_____
(Signature)

Information about sponsors may be public information.

HFP-Sponsor1 (new 7/00)